Environmental Division
Technical Staff Review
Ground Water Well Prior Notification Form Evaluation Checklist

GWR ID No._____ Date Issued_____

Note: A GWR ID Number is issued only after the notification form has been determined by technical staff to be both administratively and technically complete and the form data has been entered into SONRIS.

1. Is the proposed well located in areas where agency restrictions or other permitting requirements or restrictions may exist and apply?

    a. Area of Groundwater Concern (AGC)

        i. Is the location of the proposed well within an Office of Conservation area of ground water concern?

    Yes_____, AGC ID:_____ No_____

        ii. If yes to question 2.a.i., then is the location of the proposed well within an Office of Conservation critical area of ground water concern?

    Yes_____ No_____ N/A_____

    b. Is the proposed water well located within one of the Capital Area Groundwater Conservation Commission parishes?

    Yes_____ No_____

    c. Is the proposed location of the water well within the geographical area of any local or parish drinking water protection ordinances listed and delineated by the DEQ Aquifer Evaluation Program?

    Yes_____ No_____

        i. If yes, identify the ordinance(s):_____

        ii. If yes, is the proposed well type (use) restricted by the ordinance(s)?

    Yes_____ No_____

    d. Following review of the Source Water Assessment Program areas (SWAP)/Wellhead Protection area database on SONRIS GIS, is the location of the proposed water well within a SWAP/Wellhead Protection area?

    Yes_____ No_____

        i. If yes, list SWAP/Wellhead Protection Area(s) ID_____
        _____

    Document findings for 1.a, b, c or d in well file and note possible restrictions, as applicable (also include any correspondence with other agencies).

    Comments (Provide attachment if needed):
    _____

2. Using available USGS, DEQ, and DHH/OPH databases and other resources, are there any regional or local ground water related issues or immediate effects reported in the area of the proposed well location such as the following?

   a. Salt Water Encroachment

      i. Is salt water encroachment a documented problem for this area?

   Yes_____ No_____

      ii. If yes, then explain and provide supportive documentation in file:

   _____
   _____

   Comments (Provide attachment if needed):_____
   _____

   b. Water Level Decline

      i. Are there documented water level decline problems in this area?

   Yes_____ No_____

      ii. If yes, then explain and provide supportive documentation in file:

   _____
   _____

   Comments (Provide attachment if needed):_____
   _____

   c. Land Subsidence

      i. Has the Office of Conservation received any reports of land subsidence for this area?

   Yes_____ No_____

      ii. If yes, then explain and provide supportive documentation in file:

   _____
   _____

   d. Groundwater Contamination

      i. Are there any DOTD registered monitoring wells within ¼ mile of the proposed water well location?

   Yes_____ No_____

      ii. If yes, then explain and provide supportive documentation in file:

   _____
   _____

      iii. Are there any published DEQ or DHH reports of groundwater contamination or public drinking water supply notices for this area?

Yes_____ No_____

iv. If yes, then report any restrictions and provide supportive documentation in file:

_____
_____

Comments (Provide attachment if needed):_____
_____

3. Based on a search of DNR-OC / DOTD databases to identify all registered wells screened in the target aquifer zone, are there potential well interference issues within ¼ mile radius of proposed well location?

a. Considering the proposed production, does the proposed well spacing present the potential for adverse effects on nearby registered water wells?

Yes_____ No_____

i. If yes, then explain and provide supportive documentation in file:

b. Do aerial maps of the nearby surrounding area of the proposed well location show structures that may have unregistered water wells?

Yes_____ No_____

i. If yes, then explain and provide supportive documentation in file:

_____
_____

c. Do published geologic water resources bulletins or oil and gas electric logs show hydraulic connectivity between different zones or geologic formations within the aquifer in which the proposed water well is to be screened? Check Not Applicable (NA) if different zones or geologic formations do not exist.

Yes_____ No_____ NA_____

d. Do published geologic water resources bulletins or available oil and gas electric logs show hydraulic connectivity between different fresh water aquifers located in the area surrounding the proposed water well under evaluation? Check Not Applicable (NA) if different fresh water aquifers are not located in the area under evaluation.

Yes_____ No_____ NA_____

If potential well interference issues are identified above, predict / project effect of proposed well use on existing wells located within ¼ mile. Run MODFLOW model or use other acceptable drawdown calculations.

Document findings, including DOTD ¼ mile well listing in well file and, if applicable, any modeling or drawdown calculation results.

Comments (Provide attachment if needed):

_____

4. Overall and based on the findings of items 1, 2 and 3, does the potential for adverse effects on nearby registered water wells exist?

   Yes_____ No_____

   Comments (Provide attachment if needed):

   _____
   _____
   _____

5. Overall and based on findings of items 1, 2 and 3, does the potential exist for adverse impacts to the sustainability of the aquifer from which the proposed well is to produce?

   Yes_____ No_____

   Comments (Provide attachment if needed):

   _____
   _____
   _____

6. If the answer to either 4. or 5. above is yes, request the well owner to provide a Ground Water Use Impact Study on potential effects on surrounding wells and aquifer sustainability. Review study for acceptance as basis for agency decision.

   a. Was study provided?

   Yes_____ No_____ NA_____ Date Study Requested_____

   b. Was study acceptable? Date Study Received_____

   Yes_____ No_____ NA_____ Date Study Review Completed_____

   If yes to both 6.a. and b., accept study, include in well file and conclude evaluation. If no study was provided or if it is unacceptable, conclude evaluation with recommendations to place restrictions, limit production, require well relocation, etc. in accordance with statutory and regulatory requirements. Document findings in well file.

   Comments (Provide attachment if needed):

   _____
   _____
   _____

7. Based on the evaluation, provide suggested recommendations and briefly summarize the main reason(s) supporting that suggestion (e.g., "There are no concerns with regard to the proposed installation and operation of this well, as no potential well interference issues have been identified within the proposed well location ¼ mile radius target zone, and no documented connectivity of zones within aquifer in this area."). Provide attachment if needed.

   _____
   _____
   _____
   _____

   Reviewer_____ Date Reviewed_____